

AMENDED IN SENATE JANUARY 11, 2010

AMENDED IN SENATE APRIL 23, 2009

**SENATE BILL**

**No. 733**

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**Introduced by Senator Leno**

February 27, 2009

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An act to add Section 13963.1 to the Government Code, relating to grants for trauma centers, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 733, as amended, Leno. Crime victims: trauma center grants.

The California Victim Compensation and Government Claims Board administers a program to assist state residents to obtain compensation for their pecuniary losses suffered as a direct result of criminal acts. Payment is made under these provisions from the Restitution Fund, which is continuously appropriated to the board for these purposes.

This bill would authorize the board to administer a program to award up to ~~\$5.1~~ \$3 million in grants, annually, to trauma centers, as defined; ~~with the amount of each grant being no more than \$1.7 million.~~ By expanding the scope of services for which continuously appropriated funds are available, this bill would make an appropriation.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 13963.1 is added to the Government
- 2 Code, to read:
- 3 13963.1. (a) The Legislature finds and declares all of the
- 4 following:

(1) Without treatment, approximately 50 percent of people who survive a traumatic, violent injury experience lasting or extended psychological or social difficulties. Untreated psychological trauma often has severe economic consequences, including overuse of costly medical services, loss of income, failure to return to gainful employment, loss of medical insurance, and loss of stable housing.

(2) Victims of crime should receive timely and effective mental health treatment. ~~The Trauma Recovery Center at San Francisco General Hospital/University of California, San Francisco, in partnership with the state victim compensation program, has developed a comprehensive model of care that is cost effective and serves crime victims in a timely manner. This model has been designed as an alternative to the current model under which victims must find and obtain services for which they are eligible for reimbursement from the Victim Restitution Fund administered by the California Victim Compensation and Government Claims Board. The Trauma Recovery Center has increased access for crime victims to these funds and it has done so in a cost-effective manner.~~

~~(3) Given the success of this model program, the board shall replicate this model of care and administer a program to evaluate~~

~~(3) The board shall administer a program to evaluate applications and award grants to trauma recovery centers.~~

(b) The board shall only award a grant to a trauma center that meets both of the following criteria:

(1) The trauma center demonstrates that it serves as a community resource by providing services, including, but not limited to, making presentations and providing training to law enforcement, community-based agencies, and other health care providers on the identification and effects of violent crime.

(2) Any other related criteria required by the board.

(c) ~~The board may award grants totaling up to five million one hundred thousand dollars (\$5,100,000) per year, with each grant no more than one million seven hundred thousand dollars (\$1,700,000)~~ *three million dollars (\$3,000,000)*. All grants shall be funded only from the Restitution Fund.

(d) The board may award a grant providing funding for up to a maximum period of three years. Any portion of a grant that a trauma center does not use within the specified grant period shall revert to the Restitution Fund. The board may award consecutive

1 grants to a trauma center to prevent a lapse in funding. The board  
2 shall not award a trauma center more than one grant for any period  
3 of time.

4 (e) A prudent reserve of \_\_\_\_ million dollars (\$\_\_\_\_) shall  
5 remain in the Restitution Fund at all times. If at any point the  
6 Restitution Fund drops below this amount, renewal funding for  
7 the trauma centers may be suspended.

8 (f) The board, when considering grant applications, shall give  
9 preference to a trauma center that conducts outreach to, and serves,  
10 both of the following:

11 (1) Crime victims who typically are unable to access traditional  
12 services, including, but not limited to, victims who are homeless,  
13 chronically mentally ill, of diverse ethnicity, members of immigrant  
14 and refugee groups, disabled, or who have severe trauma-related  
15 symptoms or complex psychological issues.

16 (2) Victims of a wide range of crimes, including, but not limited  
17 to, victims of sexual assault, domestic violence, physical assault,  
18 shooting, stabbing, and vehicular assault, and family members of  
19 homicide victims.

20 (g) The trauma center sites ~~will~~ *shall* be selected by the board  
21 through a well-defined selection process that takes into account  
22 the rate of crime and geographic distribution to serve the greatest  
23 number of victims.

24 (h) A trauma center that is awarded a grant shall do both of the  
25 following:

26 (1) Report to the board annually on how grant funds were spent,  
27 how many clients were served (counting an individual client who  
28 receives multiple services only once), units of service, staff  
29 productivity, treatment outcomes, and patient flow throughout  
30 both the clinical and evaluation components of service.

31 (2) In compliance with federal statutes and rules governing  
32 federal matching funds for victims' services, each center shall  
33 submit any forms and data requested by the board to allow the  
34 board to receive the 60 percent federal matching funds for eligible  
35 victim services and allowable expenses.

36 (i) For purposes of this section, a "trauma center" provides,  
37 including, but not limited to, all of the following resources,  
38 treatment, and recovery services to crime victims:

39 (1) Mental health services.

- 1     (2) Assertive community-based outreach and clinical case  
2 management.
- 3     (3) Coordination of care among medical and mental health care  
4 providers, law enforcement agencies, and other social services.
- 5     (4) Services to family members and loved ones of homicide  
6 victims.
- 7     (5) A multidisciplinary staff of clinicians that includes  
8 psychiatrists, psychologists, and social workers.